

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

Township

Primary Registration District No. 660.33a

City Clayton

No. 347

No. Filmore

File No. 27591

Registered No. 79

St.

Ward

2. FULL NAME

(a) Residence, No. So. Kinloch mo St., Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laurette Owens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

61

8

8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Seneca

MOTHER FATHER

13. NAME

Reuben Owens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Seneca

15. MAIDEN NAME

Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Seneca

17. INFORMANT (ADDRESS)

Laurette Owens

18. BURIAL CREMATION OR REMOVAL

PLACE Washington DATE 9/3

19. UNDERTAKER (ADDRESS)

W. J. Anderson

20. FILED

Sept. 1, 1933

Robt. J. Armstrong

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-30, 1937 to 8-31, 1937

I last saw h. — alive on 8-31, 1937 Death is said

to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
Myocarditis
Hypertension

Name of operation

What test confirmed diagnosis? AS Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

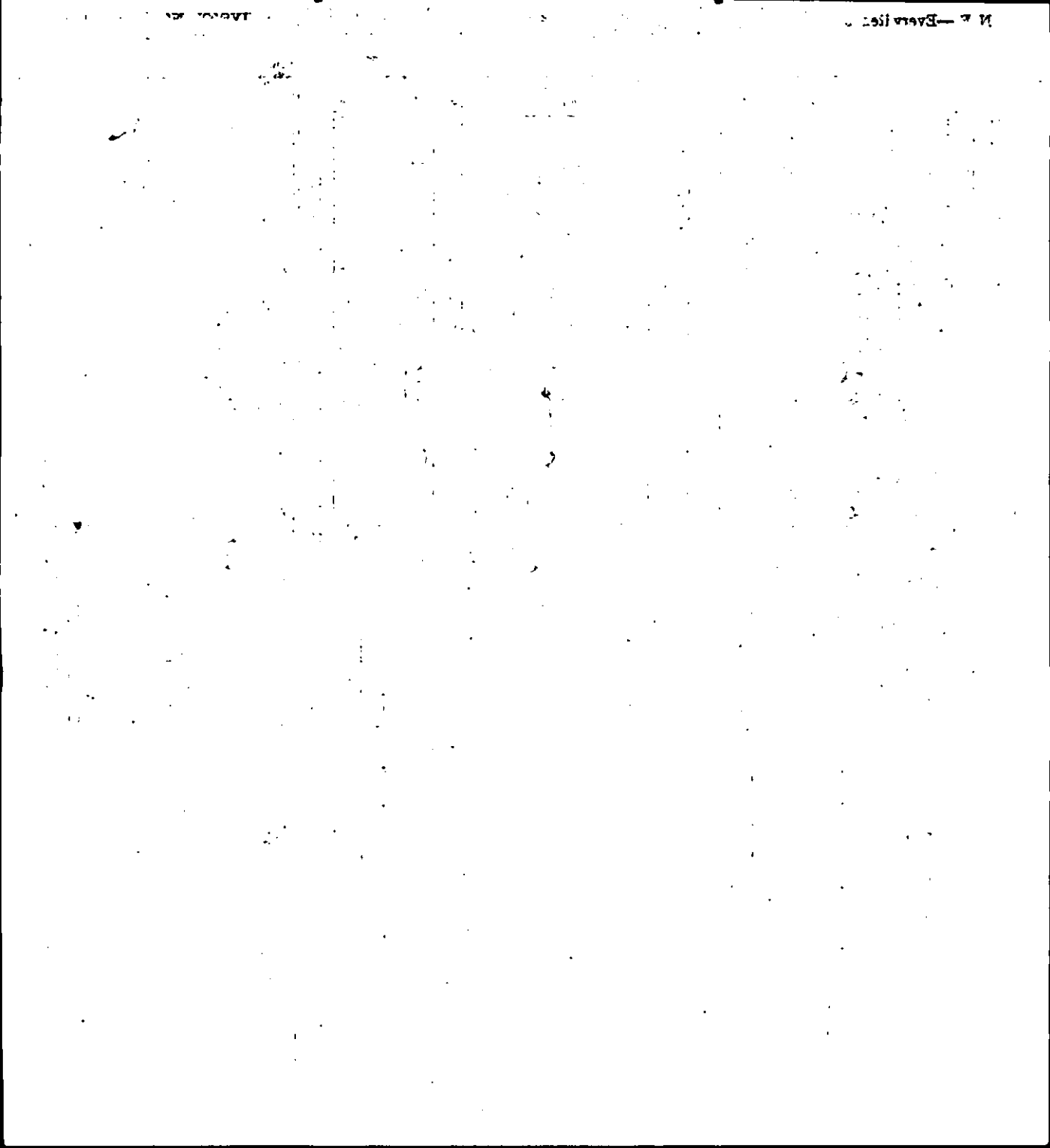
If so, specify

(Signed) A. Leroy R. Anderson M. D.

(Address) 2432 1/2 Ave. S. Wash., D. C.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933



**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.**

1. PLACE OF DEATH

County St. Louis
Township Clayton
City Clayton (No.)

Registration District No. 790
Primary Registration District No. 6033a

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. DATE 18 1933 19

J. F. Brebeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1933

22. I HEREBY CERTIFY, That I attended deceased from

to, 19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Encephalitis Date of onset

at that time

Epidemic

Profoundly

Other contributory causes of importance:

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